FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY |          |  |  |  |  |  |
|--------------|----------|--|--|--|--|--|
| Prefix       | Serial   |  |  |  |  |  |
| 1            |          |  |  |  |  |  |
| DATE         | RECEIVED |  |  |  |  |  |
|              |          |  |  |  |  |  |

| Iame of Offering (☐ check if this is an amendment and name has changed, and indicate change.)                                    |
|--|
| VellGen, Inc.  |
| iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE   |
| ype of Filing: New Filing Amendment  |
| A. BASIC IDENTIFICATION DATA   |
| . Enter the information requested about the issuer   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                                       |
| VellGen, Inc.  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)                   |
| CAFT Rutgers, The State University, 63 Dudley Road, New Brunswick, NJ 08901 (732) 247-8750                                       |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)       |
| if different from Executive Offices)   |
| Brief Description of Business  |
| o invest in operating partnerships formed to hold interests in apartment complexes qualifying for low income housing tax credits |
| Sype of Business Organization  |
| ype of Business Organization  Corporation  Imited partnership, already formed  other (please specify):                           |
| business trust limited partnership, to be formed   |
| Month Year JUN 13 ZUUD   |
| Actual or Estimated Date of Incorporation or Organization:  0 6 9 7   Actual   Estimated   |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:                      |
| CN for Canada; FN for other foreign jurisdiction)  DE  |

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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| 2. Enter the information requested for the foll  | owing:                           |                              |                                       |   |
|--|----------------------------------|------------------------------|---------------------------------------|---|
| • Each promoter of the issuer, if the issuer   |                                  |                              |                                       |   |
| <ul> <li>Each beneficial owner having the pow-<br/>securities of the issuer;</li> </ul>          | er to vote or dispose, or        | direct the vote or dispositi | on of, 10% or m                       | ore of a class of equity                                  |
| <ul> <li>Each executive officer and director of</li> </ul>                                       | cornerate issuers and of         | cornerate general and mar    | aging partners o                      | f negtnership issuers, and                                |
| Each general and managing partner of   |                                  | corporate general and mai    | laging partners of                    | partnership issuers; and                                  |
| Check Box(es) that Apply: Promoter   | Beneficial Owner                 | D Evenutive Officer          | Discotor                              | ☐ C1 1/   |
| check Box(es) that Apply.  | M Belieficial Owlief             | ☐ Executive Officer          | Director                              | <ul><li>General and/or</li><li>Managing Partner</li></ul> |
| Full Name (Last name first, if individual)   | ·· <del>·</del> ···              |                              | · · · · · · · · · · · · · · · · · · · | muniting 1 utilion  |
| Laster, Richard  |                                  |                              | *                                     |   |
| Business or Residence Address (Number and 103 South Bedford Road, Mount Kisco, NY                | Street, City, State, Zip         | Code)                        |                                       |   |
| Check Box(es) that Apply: Promoter   | Beneficial Owner                 | Executive Officer            | Director                              | General and/or  |
|  |                                  |                              |                                       | Managing Partner  |
| Full Name (Last name first, if individual)   |                                  |                              | ži s                                  |   |
| Evans, David   |                                  | <u></u>                      | · ·                                   |   |
| Business or Residence Address (Number and  | •                                | •                            | •                                     |   |
| CAFT Rutgers, The State University, 63 Dud   | ley Road, New Brunswi            | ck, NJ 08901                 |                                       |   |
| Check Box(es) that Apply:  Promoter  | Beneficial Owner                 | Executive Officer            | Director                              | General and/or  |
|  |                                  |                              |                                       | Managing Partner  |
| Full Name (Last name first, if individual)  Sharp, William                                       |                                  |                              |                                       |   |
| Business or Residence Address (Number and 301 W. 45 <sup>th</sup> Street, 18G, New York, NY 1003 | Street, City, State, Zip 36-3838 | Code)                        |                                       |   |
| Check Box(es) that Apply: Promoter   | Beneficial Owner                 | Executive Officer            | Director                              | General and/or  |
|  |                                  |                              |                                       | Managing Partner  |
| Full Name (Last name first, if individual) Engelman, Irwin                                       |                                  | •                            |                                       |   |
| Business or Residence Address (Number and  | Street, City, State, Zip         | Code)                        |                                       |   |
| c/o Youthstream, Inc., 28 West 23rd Street, 6  | 5th Floor, New York, NY          | 7 10010                      |                                       |   |
| Check Box(es) that Apply:  | ☐ Beneficial Owner               | ☐ Executive Officer          | □ Director                            | ☐ General and/or  |
|  |                                  |                              |                                       | Managing Partner  |
| Full Name (Last name first, if individual) Olsham, Kenneth                                       |                                  |                              |                                       |   |
| Business or Residence Address (Number and  | Street, City, State, Zip         | Code)                        |                                       |   |
| 72 Sanfordtown Road, Redding, CT 06896   |                                  |                              |                                       |   |
| Check Box(es) that Apply:  | ☐ Beneficial Owner               | ☐ Executive Officer          | □ Director                            | ☐ General and/or  |
|  |                                  |                              |                                       | Managing Partner  |
| Full Name (Last name first, if individual) Korman, Scott   |                                  |                              |                                       |   |
| Business or Residence Address (Number and 175 Elm Road, Englewood, NJ 07631                      | Street, City, State, Zip         | Code)                        | ÷                                     |   |

A. BASIC IDENTIFICATION DATA

| •  |               |                  |                   |            |                                 |
|--|---------------|------------------|-------------------|------------|---------------------------------|
| Check Box(es) that Apply:                                | Promoter      | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, it<br>Anders Wiljhelm        | f individual) |                  |                   |            |                                 |
| Business or Residence Address Danisco Venture, Langebrog | -             | · -              | •                 |            |                                 |
| Check Box(es) that Apply:                                | Promoter      | Beneficial Owner | Executive Officer | Director   | General and/or Managing Partner |
| Full Name (Last name first, it Misrock Holdings, L.P.    | f individual) |                  |                   |            |                                 |
| Business or Residence Address c/o Amy Birmingham, Ehrer  |               | •                |                   |            |                                 |
|  |               | <del></del>      | <del></del>       |            |                                 |

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|                                |   |  |   | B. IN                         | FORMAT                                      | ION ABO                                    | UT OFFEI                                    | RING                                   |               |                            |              |              |
|--------------------------------|---|--|---|-------------------------------|---|--|---|--|---------------|----------------------------|--------------|--------------|
| 1. Has the                     | issuer sold   | , or does th                             | e issuer int                                  | end to sell,                  | to non-acci                                 | redited inve                               | stors in thi                                | s offering?.                           |               |                            | Yes          | No           |
|                                |   |  | Answ  | er also in A                  | ppendix, C                                  | olumn 2, it                                | filing unde                                 | er ULOE.                               |               |                            |              | oxtimes      |
| 2. What is                     | the minim   | um investm                               | ent that wil                                  | l be accepte                  | ed from any                                 | individual                                 | ?   |  |               |                            | \$ 10,00     | 0.00         |
| <ol><li>Does th</li></ol>      | ne offering p   | permit joint                             | ownership                                     | of a single                   | unit?                                       |  |   |  |               |                            | Yes          | No           |
|                                |   | ,  |   |                               |   |  |   |  |               |                            | $\boxtimes$  |              |
| commis<br>If a per<br>state or | he informates ion or sime son to be less states, list a broker or | ilar remune<br>isted is an<br>the name o | eration for s<br>associated p<br>of the broke | solicitation of a person or a | of purchase<br>gent of a b<br>. If more the | rs in conne<br>roker or de<br>han five (5) | ction with s<br>caler registe<br>persons to | sales of secuered with the be listed a | irities in th | e offering.<br>l/or with a |              |              |
| Full Name<br>N/A               | (Last name  | first, if inc                            | lividual)                                     |                               |   |  |   |  |               |                            |              |              |
| Business or                    | r Residence   | Address (1                               | Number and                                    | Street, Cit                   | y, State, Zi                                | p Code)                                    |   |  |               | -                          |              |              |
| Name of A                      | ssociated Br  | roker or De                              | aler  |                               |   |  |   |  |               |                            |              |              |
|                                | hich Perso  |  |   |                               |   |  |   |  |               |                            |              |              |
| •                              | All States"   |  |   | •                             |   |  |   |  |               |                            | .,           | . All States |
| [AL]                           | [AK]  | [AZ]                                     | [AR]  | [CA]                          | [CO]  | [CT]                                       | [DE]  | [DC]                                   | [FL]          | [GA]                       | [HI]         | [ID]         |
|                                | [IN]  | [IA]                                     | [KS]  | [KY]                          | [LA]  | [ME]                                       | [MD]  | [MA]                                   | [MI]          | [MN]                       | [MS]         | [MO]         |
| [MT]<br>[RI]                   | [NE]<br>[SC]  | [NV]<br>[SD]                             | [NH]<br>[TN]                                  | [NJ]<br>[TX]                  | [NM]<br>[UT]                                | [NY]<br>[VT]                               | [NC]<br>[VA]                                | [ND]<br>[WA]                           | [OH]<br>[WV]  | [OK]<br>[WI]               | [OR]<br>[WY] | [PA]<br>[PR] |
|                                |   |  |   | [17]                          |   | [,1]                                       | [ , , , ,                                   |  |               | [,,,]                      | [" -]        |              |
| run name                       | (Last name  | e rirst, ir ind                          | iividuai)                                     |                               |   |  |   |  |               |                            |              |              |
| Business o                     | r Residence   | Address (1                               | Number and                                    | Street, Ci                    | ty, State, Zi                               | ip Code)                                   |   |  |               |                            |              |              |
| Name of A                      | ssociated B   | roker or De                              | aler  | <del> </del>                  |   |  | ·   |  | <del></del>   |                            |              |              |
| States in W                    | Vhich Perso   | n Listed Ha                              | s Solicited                                   | or Intends                    | to Solicit Pu                               | urchasers                                  |   |  |               | <del></del>                |              |              |
| (Check "                       | All States"   | or check in                              | dividual Sta                                  | ates)                         |   |  |   |  |               |                            |              | . All States |
| [AL]                           | [AK]  | [AZ]                                     | [AR]  | [CA]                          | [CO]  | [CT]                                       | [DE]  | [DC]                                   | [FL]          | [GA]                       | [HI]         | [ID]         |
| [IL]                           | [IN]  | [IA]                                     | [KS]  | [KY]                          | [LA]  | [ME]                                       | [MD]  | [MA]                                   | [MI]          | [MN]                       | [MS]         | [MO]         |
| [MT]                           | [NE]  | [NV]                                     | [NH]  | [NJ]                          | [NM]  | [NY]                                       | [NC]  | [ND]                                   | [OH]          | [OK]                       | [OR]         | [PA]         |
| [RI]                           | [SC]  | [SD]                                     | [TN]  | [TX]                          | [UT]  | [VT]                                       | [VA]  | [WA]                                   | [WV]          | [WI]                       | [WY]         | [PR]         |
| Full Name                      | (Last name  | e first, if in                           | dividual)                                     |                               |   |  |   |  |               |                            | - · · ·      |              |
| Business o                     | r Residence   | Address (I                               | Number and                                    | l Street, Ci                  | ty, State, Z                                | ip Code)                                   |   |  |               | <u> </u>                   |              |              |
| Name of A                      | ssociated B   | roker or De                              | aler  |                               |   |  |   |  |               |                            |              |              |
|                                | Vhich Perso   |  |   | or Intend-                    | to Colicia D                                | urohoozza                                  |   |  |               |                            |              |              |
|                                | All States"   |  |   |                               | to Solicit P                                | uichasers                                  |   |  |               |                            |              | . All States |
| [AL]                           | [AK]  | [AZ]                                     | [AR]  | [CA]                          | [CO]  | [CT]                                       | [DE]  | [DC]                                   | [FL]          | [GA]                       | [HI]         | [ID]         |
| [IL]                           | [IN]  | [IA]                                     | [KS]  | [KY]                          | [LA]  | [ME]                                       | [MD]  | [MA]                                   | [MI]          | [MN]                       | [MS]         | [MO]         |
| [MT]                           | [NE]  | [NV]                                     | [NH]  | [NJ]                          | [NM]  | [NY]                                       | [NC]  | [ND]                                   | [OH]          | [OK]                       | [OR]         | [PA]         |
| ומו                            | [SC]  | נעטו                                     | ITNI  | (TX)                          | ודודו                                       | (VT)                                       | ſVΔ1  | [WA]                                   | rwvi          | rwn                        | rwy          | [PR]         |

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... Equity ..... Common Preferred \$0.00 Partnership Interests ..... \_\_\_\_\_) ..... Other (Specify Total \$3, 750,000.00 \$0.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 N/A Regulation A ..... Rule 504 ..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees П Printing and Engraving Costs..... X \$1,000.00 $\boxtimes$ \$75,000.00 Legal Fees

冈

\$76,000.00

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total

|    | C. OFFERING   | G PRICE, NUMBER                                  | OF INVESTORS, EXP           | ENSES AND US     | SE OF PROCEE   | DS   |                       |
|----|---|--|-----------------------------|------------------|--|------|-----------------------|
|    | b. Enter the difference between the ag<br>and total expenses furnished in respor<br>gross proceeds to the issuer."  | ise to Part C - Quest                            | ion 4.a. This difference    | is the "adjusted |  |      | \$3,674,000.00        |
|    | Indicate below the amount of the adjusted the purposes shown. If the amount for a the left of the estimate. The total of the set forth in response to Part C - Question | ny purpose is not know<br>payments listed must e | vn, furnish an estimate and | check the box to |  |      |                       |
|    |   |  |                             |                  | Payments to<br>Officers,<br>Directors, &<br>Affiliates |      | Payments to<br>Others |
|    | Salaries and fees   |  |                             | ····· □_         |  | 🗆 .  |                       |
|    | Purchase of real estate   |  |                             | 🔼                |  | 🗆 .  |                       |
|    | Purchase, rental or leasing and inst  | allation of machinery                            | and equipment               |                  | · · · · · · · · · · · · · · · · · · ·                  | 🗆 .  |                       |
|    | Construction or leasing of plant bui  | □_   |                             | 🗆 .              |  |      |                       |
|    | Acquisition of other business (inclu  | -  |                             |                  |  |      |                       |
|    | offering that may be used in exchar issuer pursuant to a merger)  | -  |                             |                  |  |      |                       |
|    |   |  |                             | <del>-</del> -   | <u></u>  | 니.   |                       |
|    | Repayment of indebtedness   |  |                             | <del></del>      | ··   | ∐.   |                       |
|    | Working capital Other (specify):  | •••••  |                             | 니_               |  | ×.   | \$3,674,000.00        |
|    | Other (specify).  |  |                             | _                |  |      |                       |
|    | 0.1   |  |                             | <u> </u>         | <del>,</del> .   | ⊔.   | #3 C74 000 00         |
|    | Column Totals   |  |                             | <del></del>      | K-2  |      | \$3,674,000.00        |
|    | Total Payments Listed (column total   | **********                                       | ⊠                           | \$3,674,00       | 00.00  |      |                       |
|    |   | D. FE  | DERAL SIGNATURE             |                  |  |      |                       |
| ol | ne issuer has duly caused this notice to<br>llowing signature constitutes an undertal<br>staff, the information furnished by the i                                      | king by the issuer to f                          | urnish to the U.S. Securit  | ies and Exchange | e Commission, uj                                       |      |                       |
| SS | suer (Print or Type)  | Signature  | 105                         |                  | Date   |      |                       |
| V  | WellGen, Inc.   | $\square$  | wid Wan.                    | o                | JUN  | 1E 6 | 2005                  |
| ٧a | ame of Signer (Print or Type)   | Title of S                                       | igner (Print or Type)       |                  |  |      |                       |
|    | David A. Evans  | Chief Ex   | recutive Officer            |                  |  |      |                       |

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)